

AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

Form Name: Aged and Disabled Waiver Participant Request to Transfer

Purpose: To request a transfer to another agency or to *Personal Options* at any time. The form must be completed and signed by the ADW member/legal representative and attached to the members record in CareConnection. Case Managers coordinate transfers, including effective dates, between agencies and enter them in CareConnection. At no time should the transfer take more than 45 calendar days from the date the member signed the request unless there is an extended delay caused by the member in returning necessary documents.

1. ADW Member Information: Document the member's:

- Last Name
- First Name
- Street Address, City, State, Zip Code and County
- Date of Birth
- Medicaid Number
- Phone Number Home/Cell
- Service Level
- Legal Representative if applicable.
- Case Management Agency
- Personal Attendant Agency

1. **Service preferences:** Note the day of the week and the hours per day.

2. Mark appropriate box for the type of transfer:

- Traditional Agency Transfer (I wish to transfer from my current provider):
 - Mark if Case Management Agency and/or
 - Mark if Personal Attendant Agency. (They may want to transfer both)
- Personal Options Transfer must mark one
 - I wish to transfer **from Personal Options** to a Traditional Agency Model.
 - I wish to transfer **from the Traditional Agency Model** to Personal Options.

3. Document why the participant wants to transfer.

4. The member/legal representative **must sign and date** the completed forms.

5. Freedom of Choice Agency Selection Forms should be completed, signed and submitted along with the ADW Program Member Request to Transfer form.

6. All completed forms must be attached to the member's record in CareConnection (if the requesting agency has access) or to the Case Management Agency.

7. The transferring agency is responsible for:

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- Providing services until the effective date of the transfer.
- Ensure that all documents related to the member's services are uploaded into CareConnection. (PAS, DHS-2, the Service Plan, and any other pertinent documentation.)
- To maintain all original documents for monitoring purposes.

8. The receiving agency is responsible for:

- If it is a Personal Attendant transfer, the Personal Attendant RN must conduct the RN section of the Person-Centered Assessment **within 7 business days** of the transfer *effective date*.
- Develop the Personal Attendant RN Personal Attendant Log (PAL) **within 7 business days** of the transfer effective date. (The Service Plan and existing Personal Attendant Log (PAL) from the transferring agency must continue to be implemented until the receiving agency can develop and implement a new plan to prevent a gap in services.)

Note: When a member transfers agencies, the receiving agency Personal Attendant RN cannot bill for an initial Assessment (billing code T1001), if one has been completed within the calendar year (January – December). They can bill for a Personal Attendant RN assessment (billing code T1002).

- If it is a Case Management transfer, the Case Management Person-Centered Assessment must be conducted **within 7 business days** of the transfer effective date.
- Develop the Service Plan **within 7 business days** of the transfer effective date.